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| STATE OF SOUTH CAROLINA | ) | IN THE PROBATE COURT |
|  | ) |  |
| COUNTY OF GREENVILLE | ) |  |
|  | ) | **APPLICATION FOR SETTLEMENT** |
| IN THE MATTER OF: | ) |  |
|  | ) | CASE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| (Decedent) | ) |  |

1. The undersigned as the Personal Representative has collected and managed the assets of the Estate; has paid all lawful claims against the Estate; either has distributed assets or proposes to distribute as designated on the Proposal for Distribution; and has performed all other required acts pertaining to Estate of Decedent.

2. The Personal Representatives has filed:

|  |  |
| --- | --- |
|  | Proof of Publication  No Publication required |
|  | Inventory and Appraisement(s) |
|  | Proposal for Distribution for assets not yet distributed |
|  | Final Accounting  Accounting waived by all required parties |
|  | Proof of Delivery that all required documents have been sent to interested persons as required by law |
|  | All required tax returns (including final income tax return, fiduciary income tax return, Estate tax return) and any taxes due have been paid. If not, please explain: |
|  | Documents with IRS electing portability |

3. The time period for submission of claims has expired.

4. I request that the Court issue Orders as appropriate together with such other Orders as the law may require and as the Court may deem applicable and proper.

5. I request that the Court (check all that apply)

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | A. | Consider or approve the Personal Representative’s Accounting and, if applicable, the Proposal for Distribution for assets not yet distributed. | | | | | | | | | | | |
|  | B. | Approve the distributions previously made and authorize the Personal Representatives to transfer title to the assets and distribute them to the distributees in the amount and manner set forth in the Proposal for Distribution (FORM 410ES). | | | | | | | | | | | |
|  | C. | Discharge, or set forth the conditions of the termination of the appointment of the Personal Representative, and the release of the Personal Representative’s bond, if any. | | | | | | | | | | | |
|  | D. | |  |  | | --- | --- | | (Other :) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | | | | | | | | | | | | |
| Executed this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_. | | | | | | |
|  | | | | | | |
| SWORN to before me this | | | | | |  | | | | day of | | Personal Representative Signature: |  | |
|  | | | | | | | , 20 |  | |  | Print Name: |  | |
|  | | | | | | | | | | |  | Address: |  | |
|  | | | | | | | | | |  |  |  | |
| Notary Public for South Carolina | | | | | | | | | | |  | Telephone (Work): |  | |
| My Commission Expires: | | | | |  | | | | | |  | (Home): |  | |
|  | | | | |  | | | | | |  | (Cell): |  | |
|  | | | | |  | | | | | |  | Email: |  | |
|  | | | | |  | | | | | |  |  |  | |